

County: Milwaukee
 HEARTHSIDE REHABILITATION CENTER
 9325 NORTH GREEN BAY ROAD

BROWN DEER 53209 Phone: (414) 354-4800

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/01): 202

Total Licensed Bed Capacity (12/31/01): 233

Number of Residents on 12/31/01: 194

Facility ID: 4060

Page 1

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? No

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 195

Non-Profit Corporation

FDDs

No

No

Yes

195

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		7.7
Supp. Home Care-Personal Care	No					1 - 4 Years		12.9
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	79.4	More Than 4 Years		79.4
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	8.2			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	9.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	3.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	0.0	65 & Over	20.6	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		2.8
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		5.2
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	49.5	Aides, & Orderlies		
Mentally Ill	No		-----	Female	50.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

		Medi care (Title 18)			Medi cal d (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	192	100.0	146	0	0.0	0	2	100.0	129	0	0.0	0	0	0.0	0	194	100.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	0	0.0		192	100.0		0	0.0		2	100.0		0	0.0		0	0.0		194	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	18.8	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	12.4	69.6	18.0	194
Other Nursing Homes	0.0	Dressing	29.4	53.1	17.5	194
Acute Care Hospitals	31.3	Transferring	63.9	25.8	10.3	194
Psych. Hosp. -MR/DD Facilities	31.3	Toilet Use	32.5	49.5	18.0	194
Rehabilitation Hospitals	0.0	Eating	59.3	30.9	9.8	194
Other Locations	18.8	*****				
Total Number of Admissions	32	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	2.1	Receiving Respiratory Care		2.1
Private Home/No Home Health	8.3	Occ/Freq. Incontinent of Bladder	43.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	25.8	Receiving Suctioning		0.0
Other Nursing Homes	2.8			Receiving Ostomy Care		1.0
Acute Care Hospitals	13.9	Mobility		Receiving Tube Feeding		7.2
Psych. Hosp. -MR/DD Facilities	19.4	Physically Restrained	37.1	Receiving Mechanically Altered Diets		58.8
Rehabilitation Hospitals	0.0					
Other Locations	33.3	Skin Care		Other Resident Characteristics		
Deaths	22.2	With Pressure Sores	1.0	Have Advance Directives		92.8
Total Number of Discharges		With Rashes	22.2	Medications		
(Including Deaths)	36			Receiving Psychoactive Drugs		45.4

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility %	FDD Facilities %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.5	84.6	0.97	84.6	0.97
Current Residents from In-County	80.4	41.3	1.95	77.0	1.04
Admissions from In-County, Still Residing	40.6	17.0	2.39	20.8	1.95
Admissions/Average Daily Census	16.4	18.6	0.88	128.9	0.13
Discharges/Average Daily Census	18.5	22.2	0.83	130.0	0.14
Discharges To Private Residence/Average Daily Census	1.5	9.4	0.16	52.8	0.03
Residents Receiving Skilled Care	0.0	0.0	0.00	85.3	0.00
Residents Aged 65 and Older	20.6	15.8	1.30	87.5	0.24
Title 19 (Medicaid) Funded Residents	99.0	99.3	1.00	68.7	1.44
Private Pay Funded Residents	1.0	0.5	2.12	22.0	0.05
Developmentally Disabled Residents	100.0	99.7	1.00	7.6	13.19
Mentally Ill Residents	0.0	0.2	0.00	33.8	0.00
General Medical Service Residents	0.0	0.1	0.00	19.4	0.00
Impaired ADL (Mean) *	37.7	50.6	0.75	49.3	0.77
Psychological Problems	45.4	46.6	0.97	51.9	0.87
Nursing Care Required (Mean) *	11.5	11.0	1.05	7.3	1.57